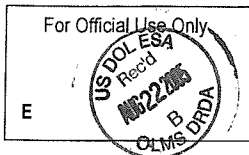


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10753</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>TIMOTHY D. ELY</u> P.O. Box, Bldg., Room No., if any Street <u>1479 LINCOLN RD.</u> City <u>COLUMBUS</u> State <u>OHIO</u> ZIP Code + 4 <u>43212</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS &amp; PIPEFITTERS LOCAL UNION 189</u> Labor Organization File Number <u>002951</u> P.O. Box, Building and Room Number, if any Street <u>1250 KINNEAR RD.</u> City <u>COLUMBUS</u> State <u>OHIO</u> ZIP Code + 4 <u>43212</u>
5. Position in labor organization. <u>PENSION TRUSTEE, HEALTH &amp; WELFARE TRUSTEE, LABOR MANAGEMENT Comm</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>AUTOMATIC TEMPERATURE</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2549 HARRISBURG PIKE</u> City <u>GROVE CITY</u> State <u>OHIO</u> ZIP Code + 4 <u>43123</u>	7.a. Nature of Interest, Transaction, or Income. <u>I AM A EMPLOYEE OF AUTOMATIC TEMPERATURE, WORKING AS A PIPEFITTER.</u> 7.b. Amount. <u>W-2 - (2004)</u> <u>\$ 53,721.87</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Timothy D Ely On 8-14-05 (614) 488-7872  
Date Telephone Number

Name of Person Filing

TIMOTHY D. ELY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

PLUMBERS &amp; PIPEFITTERS LU. 189

Trade Name, if any:

H&amp;W TRUST / PENSION TRUST

P.O. Box, Bldg., Room No., if any

Street

1230 KINNEAR RD.

City

COLUMBUS

State

OHIO

ZIP Code + 4

43212

1099-(2004)

HEALTH &amp; WELFARE - \$1,618.40

PENSION - \$1,618.40

11.a. Nature of such dealing.

I AM A RANK & FILE MEMBER OF LU. 189. I HAVE BEEN ELECTED BY THE MEMBERSHIP TO SERVE AS A TRUSTEE ON OUR PENSION AND HEALTH & WELFARE FUNDS

11.b. Approximate dollar value of such dealing.

\$3,236.80

12.a. Nature of interest held or income received.

WHEN SERVING AS A TRUSTEE AT OUR MONTHLY MEETINGS OR IF ATTENDING A EDUCATIONAL SEMINAR, I AM RE-IMBURSED FOR LOST WAGES AS IF I HAD BEEN WORKING AS A PIPEFITTER

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

NOTE: IF I CAN BE OF ANY HELP, PLEASE CONTACT ME AT YOUR CONVENIENCE.

TIMOTHY D. ELY

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.